

Central Unified School District Facility Use Request For Outside Organizations

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**Complete this form two (2) weeks in advance.
Signed Terms and Conditions is required.**

Outside Organization must complete this section.

Organization Name	
Mailing Address	
City, ST, ZIP	

Today's Date		
Contact Name		
Contact Phone Number		
CONTACT EMAIL		

Description of Activity or Event	
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Attach Insurance

List Site Name (e.g. Teague, Saroyan, Koligian)	List Facility Needs (Cafeteria, Gym, Field, Classrm, etc.)	List Room # or exact location, if ap (i.e. soccer field, Rm 32)

EVENT TIME CONTACT
& EMERGENCIES
994-9800

Event Date(s)	Event Time Includ Set Up/Break Down	Est # of Attendees	Adults	Students

Please list all type of audio-visual or lighting needs, if any (i.e. pull-down screen, microphone, projector)	
Please list number and type of all furniture and other equipment needs, if any (i.e. 10 6-foot tables, 5 chairs, podium, etc.)	
Please list any other staffing/labor needs. Athletic Dept: Equipment Custodian should provide all necessary labor unless indicated otherwise here.	

Special Set Up Instructions	
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	YES/NO		YES/NO
Open Restrooms?		Set Up Required?	
Activate Air/Heat?		Take Down Required?	
Security Disarmed/Re-Armed?		Open Vehicle Gates?	
Field Lights on?		Conditions apply to opening gates	

Please explain any outside vendors:

FOOD SERVICES/CHILD NUTRITION			
Will Food be Prepared or Served?		Food Safe Certification?	
Will You Require Kitchen Access?		Name on Certification	
FORMS HAVE BEEN SENT TO FOOD SERVICES?		Please attach copy of certification	

Please explain what types of food will be served or prepared	
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If In-House Chargeable, please list Account Code:

Signature _____ Date _____ Contact Number _____

Operations Account Code: 0100-0000-0-0000-8200-220006-000-7600-7600